

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

THE CONSERVATIVE STRIKEFORCE

ADDRESS (number and street) ▼

2776 S ARLINGTON MILL DRIVE

806

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00457291

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☒ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
10 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

THE CONSERVATIVE STRIKEFORCE

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y 2014		63446.34
(b) Cash on Hand at Beginning of Reporting Period.....	58632.90	
(c) Total Receipts (from Line 19)	192971.26	662076.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	251604.16	725522.93
7. Total Disbursements (from Line 31)	232171.77	706090.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19432.39	19432.39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	163436.42	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

THE CONSERVATIVE STRIKEFORCE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 04 / 01 / 2014

To:

 M M / D D / Y Y Y Y
 06 / 30 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

34244.50

114714.50

(ii) Unitemized

152633.16

537415.18

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

186877.66

652129.68

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

191877.66

657129.68

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

700.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

1093.60

4245.91

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ▶

192971.26

662076.59

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

192971.26

662076.59

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	142587.27	606431.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	142587.27	606431.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	11000.00
24. Independent Expenditures (use Schedule E)	81084.50	85459.50
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	700.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	2500.00	2500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	232171.77	706090.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	232171.77	706090.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	191877.66	657129.68
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	191877.66	657129.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	142587.27	606431.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	142587.27	606431.04

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MARGARET ADAMS 366

Mailing Address 8240 HEALY DR

City State Zip Code
MOBILE AL 36695

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11AI.83403

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MARGARET ADAMS 366

Mailing Address 8240 HEALY DR

City State Zip Code
MOBILE AL 36695

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.83404

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ROBERT ANDERSEN 282

Mailing Address 201 PERRIN PL

City State Zip Code
CHARLOTTE NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SA11AI.83447

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

255.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. ROBERT ANDERSEN 282

Mailing Address 201 PERRIN PL

City
CHARLOTTE

State Zip Code
NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11AI.83448

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR DANA K ANDERSON 904

Mailing Address 401 WILSHIRE BLVD STE 700 STE 700

City
SANTA MONICA

State Zip Code
CA 90401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11AI.83459

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. ALAN ARTHUR 460

Mailing Address 18921 GRASSY BRANCH RD

City
WESTFIELD

State Zip Code
IN 46074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11AI.83496

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR FRANK BAIO 112

Mailing Address 1810 W 7TH ST

City

BROOKLYN

State

NY

Zip Code

11223

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.82077

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MR TRENT BALKE 770

Mailing Address 13022 KIMBERLEY LN

City

HOUSTON

State

TX

Zip Code

77079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2014

Transaction ID : SA11AI.83550

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR TRENT BALKE 770

Mailing Address 13022 KIMBERLEY LN

City

HOUSTON

State

TX

Zip Code

77079

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2014

Transaction ID : SA11AI.83551

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. EVELYN IRENE BARRACK 068

Mailing Address 781 WEED ST

City

NEW CANAAN

State

CT

Zip Code

06840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.83581

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR RAY R BARRETT 797 JR

Mailing Address HC 34 BOX 3

City

MIDKIFF

State

TX

Zip Code

79755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

FARMER / RANCHER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 22 / 2014

Transaction ID : SA11AI.82081

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MR RAY R BARRETT 797 JR

Mailing Address HC 34 BOX 3

City

MIDKIFF

State

TX

Zip Code

79755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

FARMER / RANCHER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.83584

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. DR JOHN BEASON 773

Mailing Address 1440 BRAZOS DR
UNIT 159

City State Zip Code
HUNTSVILLE TX 77320

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF TX

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2014

Transaction ID : SA11AI.83620

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. DR JOHN BEASON 773

Mailing Address 1440 BRAZOS DR
UNIT 159

City State Zip Code
HUNTSVILLE TX 77320

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNIV OF TX

Occupation

DENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2014

Transaction ID : SA11AI.83621

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MR DAVID WAYNE BELL 750

Mailing Address 1909 DEBORAH DR

City State Zip Code
SHERMAN TX 75090

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

CLINICAL PSYCHOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11AI.82091

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

675.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR RICHARD G BENNETT 922

Mailing Address 70874 FAIRWAY DR

City

RANCHO MIRAGE

State

CA

Zip Code

92270

FEC ID number of contributing
federal political committee.

C

Name of Employer

BENNETT FOREST INDUSTRIES

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.82093

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. SUZANNE BENOIT 301

Mailing Address 215 W CHEROKEE AVE

City

CARTERSVILLE

State

GA

Zip Code

30120

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RESTAURANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.83650

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS DEBORAH BENSON 424

Mailing Address 220 W GEIGER ST

City

MORGANFIELD

State

KY

Zip Code

42437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2014

Transaction ID : SA11AI.83652

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MRS GENEVIEVE BISHOP 662

Mailing Address 10230 EDELWEISS CIR

City

SHAWNEE

State

KS

Zip Code

66203

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2014

Transaction ID : SA11AI.83704

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR MARVIN BLASKI 926

Mailing Address 7401 YORKTOWN AVE

City

HUNTINGTON BEACH

State

CA

Zip Code

92648

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.83716

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. MRS MILDRED BOOTH 188

Mailing Address 589 BOOTH RD

City

HALLSTEAD

State

PA

Zip Code

18822

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.82115

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. VINAL BOWYER 469

Mailing Address 2539 S WILLOW CREEK DR

City State Zip Code
 PERU IN 46970

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.83786

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MR ARTHUR W BROUGHTON 334

Mailing Address 156 GULFSTREAM DR

City State Zip Code
 TEQUESTA FL 33469

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA11AI.83845

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. PATRICIA W BRYAN 058

Mailing Address 324 WISHING WELL AVE

City State Zip Code
 NEWPORT VT 05855

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

BED & BREAKFAST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.83888

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. PATRICIA W BRYAN 058

Mailing Address 324 WISHING WELL AVE

City
NEWPORT

State Zip Code
VT 05855

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

BED & BREAKFAST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.83889

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. EUGENE CARR 341

Mailing Address 875 18TH AVE S

City
NAPLES

State Zip Code
FL 34102

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.84014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. EUGENE CARR 341

Mailing Address 875 18TH AVE S

City
NAPLES

State Zip Code
FL 34102

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.84015

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. LINDA CASSABAUM 500

Mailing Address 1416 SW SUNRISE LN

City
ANKENY

State Zip Code
IA 50023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 21 / 2014

Transaction ID : SA11AI.84032

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MRS ELEANOR COBB 900

Mailing Address 131 S VISTA ST

City
LOS ANGELES

State Zip Code
CA 90036

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.82176

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MR LOUIS R COLUSSY 150

Mailing Address 1101 BANK ST

City
BRIDGEVILLE

State Zip Code
PA 15017

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11AI.82180

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. DEVEN COMBS 223

Mailing Address 5709 WOODLAWN GREEN CIR APT D

City State Zip Code
 ALEXANDRIA VA 22309

FEC ID number of contributing
federal political committee.

C

Name of Employer

US MILITARY

Occupation

MILITARY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2014

Transaction ID : SA11AI.84144

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MARIA CUETO 331

Mailing Address 1931 SW 14TH TER

City State Zip Code
 MIAMI FL 33145

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 26 / 2014

Transaction ID : SA11AI.84251

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MARIA CUETO 331

Mailing Address 1931 SW 14TH TER

City State Zip Code
 MIAMI FL 33145

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

04 / 26 / 2014

Transaction ID : SA11AI.84253

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MARIA CUETO 331

Mailing Address 1931 SW 14TH TER

City
MIAMI

State Zip Code
FL 33145

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.84252

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. HOUSTON CUMMINGS 940

Mailing Address 25 TORO CT

City

PORTOLA VALLEY

State Zip Code
CA 94028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2014

Transaction ID : SA11AI.84256

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ROGER CURRIE 686

Mailing Address 50997 840 RD

City
ELGIN

State Zip Code
NE 68636

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.82216

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

430.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. FRANK A DEGANAH 320

Mailing Address 20 OCEAN CLUB DRIVE

City

AMELIA ISLAND

State

FL

Zip Code

32034

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 04 / 2014

Transaction ID : SA11AI.84316

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. DONNA DENNIS 559

Mailing Address 54894 300TH ST

City

AUSTIN

State

MN

Zip Code

55912

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.84346

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. JERRY DOHERTY 515

Mailing Address 21 SUSAN LN

City

COUNCIL BLUFFS

State

IA

Zip Code

51503

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

06 / 21 / 2014

Transaction ID : SA11AI.84404

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. ELIZABETH DRISCOLL 551

Mailing Address 357 SALEM CHURCH RD

City

SAINT PAUL

State

MN

Zip Code

55118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 03 / 2014

Transaction ID : SA11AI.84440

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ELIZABETH DRISCOLL 551

Mailing Address 357 SALEM CHURCH RD

City

SAINT PAUL

State

MN

Zip Code

55118

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 23 / 2014

Transaction ID : SA11AI.84441

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MRS COLLEEN DUKE 795

Mailing Address 2008 COUNTY ROAD 137

City

SNYDER

State

TX

Zip Code

79549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

385.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.84449

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. CAPT ORVILLE G ELLIOTT 320

Mailing Address 4421 SADDLEHORN TRL

City State Zip Code
MIDDLEBURG FL 32068

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.82282

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MRS MARILYN FAULKNER 765

Mailing Address 1141 WESTERN HILLS RD

City State Zip Code
ROCKDALE TX 76567

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.84596

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR RAYMOND FINK 488

Mailing Address PO BOX 134

City State Zip Code
WILLIAMSTON MI 48895

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11AI.84614

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR RAYMOND FINK 488

Mailing Address PO BOX 134

City

WILLIAMSTON

State

MI

Zip Code

48895

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

710.00

Date of Receipt

06 / 07 / 2014

Transaction ID : SA11AI.84613

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. GENE FISCARELLI 856

Mailing Address 5020 W MOCKINGBIRD LN

City

MC NEAL

State

AZ

Zip Code

85617

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

04 / 25 / 2014

Transaction ID : SA11AI.82304

Amount of Each Receipt this Period

113.00

Full Name (Last, First, Middle Initial)

C. DANIEL FLOECK 782

Mailing Address 25914 PEREGRINE RDG

City

SAN ANTONIO

State

TX

Zip Code

78260

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 03 / 2014

Transaction ID : SA11AI.84634

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

468.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. DANIEL FLOECK 782

Mailing Address 25914 PEREGRINE RDG

City

SAN ANTONIO

State

TX

Zip Code

78260

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2014

Transaction ID : SA11AI.84633

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. DANIEL FLOECK 782

Mailing Address 25914 PEREGRINE RDG

City

SAN ANTONIO

State

TX

Zip Code

78260

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		28		2014

Transaction ID : SA11AI.84636

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. DANIEL FLOECK 782

Mailing Address 25914 PEREGRINE RDG

City

SAN ANTONIO

State

TX

Zip Code

78260

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		20		2014

Transaction ID : SA11AI.84635

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. JOHN FLOYD 959

Mailing Address 21 LEMON HILL DR

City

OROVILLE

State

CA

Zip Code

95966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 23 / 2014

Transaction ID : SA11AI.84638

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MR DALE FORTIK 836

Mailing Address 3009 RAY AVE

City

CALDWELL

State

ID

Zip Code

83605

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 09 / 2014

Transaction ID : SA11AI.84660

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR LAWRENCE FRAMBURG 606

Mailing Address 1555 N ASTOR ST APT 33E

City

CHICAGO

State

IL

Zip Code

60610

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

318.00

Date of Receipt

04 / 01 / 2014

Transaction ID : SA11AI.82319

Amount of Each Receipt this Period

203.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

553.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR LAWRENCE FRAMBURG 606

Mailing Address 1555 N ASTOR ST APT 33E

City
CHICAGO

State Zip Code
IL 60610

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : SA11AI.84673

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD GABLE 208

Mailing Address 4515 WILLARD AVE
UNIT S2318

City
CHEVY CHASE

State Zip Code
MD 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRIDENT SYSTEMS

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11AI.84711

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR RICHARD GABLE 208

Mailing Address 4515 WILLARD AVE
UNIT S2318

City
CHEVY CHASE

State Zip Code
MD 20815

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRIDENT SYSTEMS

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 03 / 2014

Transaction ID : SA11AI.84712

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR WARREN GALKIN 028

Mailing Address 29 SAGE DR

City
WARWICK

State Zip Code
RI 02886

FEC ID number of contributing
federal political committee.

C

Name of Employer
NATCO PRODUCTS CORP

Occupation
VICE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2014

Transaction ID : SA11AI.84718

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NANCY GARRETT 970

Mailing Address 7799 SW SCHOLLS FERRY ROAD

City
BEAVERTON

State Zip Code
OR 97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 10 / 2014

Transaction ID : SA11AI.84744

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR ROBERT W GARTHWAIT 067 SR

Mailing Address PO BOX 1367

City
WATERBURY

State Zip Code
CT 06721

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLY-DEL MANUFACTURING CO

Occupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SA11AI.84749

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MS MARILYN V GEARHART 988

Mailing Address 11N DOUGLAS RD

City

WATERVILLE

State

WA

Zip Code

98858

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 21 / 2014

Transaction ID : SA11AI.84762

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MR HERMAN GELBACH 981

Mailing Address 1280 SW NORMANDY TER

City

NORMANDY PARK

State

WA

Zip Code

98166

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

06 / 30 / 2014

Transaction ID : SA11AI.84768

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

C. MS SONJA GERQUEST 064

Mailing Address 5101 ASHLAR VLG

City

WALLINGFORD

State

CT

Zip Code

06492

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

335.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.84786

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

590.00

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MS SONJA GERQUEST 064

Mailing Address 5101 ASHLAR VLG

City

WALLINGFORD

State

CT

Zip Code

06492

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.84787

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR BENJAMIN K GIBBS 276

Mailing Address 8 SPRINGMOOR DR

City

RALEIGH

State

NC

Zip Code

27615

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11AI.82347

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MR ROBERT GLENN 850

Mailing Address 13240 N TATUM BLVD

City

PHOENIX

State

AZ

Zip Code

85032

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.84814

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

335.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR ROBERT GLENN 850

Mailing Address 13240 N TATUM BLVD

City
PHOENIX

State Zip Code
AZ 85032

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.84815

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR CHARLES GORDER 921 SR

Mailing Address 5526 TOYON RD

City
SAN DIEGO

State Zip Code
CA 92115

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 23 / 2014

Transaction ID : SA11AI.84840

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MRS MARTHA HAAS 331

Mailing Address 5000 SW 83RD ST

City
MIAMI

State Zip Code
FL 33143

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.82380

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR J KERN HAMILTON 950

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City State Zip Code
 LOS GATOS CA 95032

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.84959

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. MR KERN HAMILTON 950

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City State Zip Code
 LOS GATOS CA 95032

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

04 / 02 / 2014

Transaction ID : SA11AI.82383

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. JOHN HARRIS 549

Mailing Address 9672 CTY D

City State Zip Code
 ALMOND WI 54909

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 28 / 2014

Transaction ID : SA11AI.85017

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. JAMES HASHIGUCHI 913

Mailing Address 13039 FENTON AVE

City
SYLMAR

State Zip Code
CA 91342

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.82403

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT HAWKINS 651

Mailing Address 4208B WILLOWLAKE CT

City
JEFFERSON CITY

State Zip Code
MO 65109

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 05 / 2014

Transaction ID : SA11AI.85042

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR ROBERT HAWKINS 651

Mailing Address 4208B WILLOWLAKE CT

City
JEFFERSON CITY

State Zip Code
MO 65109

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.85041

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR ROBERT HAWKINS 651

Mailing Address 4208B WILLOWLAKE CT

City

JEFFERSON CITY

State

MO

Zip Code

65109

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

405.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.85043

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. LESTER HAWKINS 970

Mailing Address 11050 SW DENNEY RD

City

BEAVERTON

State

OR

Zip Code

97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LANDSCAPER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

06 / 03 / 2014

Transaction ID : SA11AI.85044

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. LESTER HAWKINS 970

Mailing Address 11050 SW DENNEY RD

City

BEAVERTON

State

OR

Zip Code

97008

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LANDSCAPER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.85045

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR LESTER HAWKINS 972

Mailing Address 4473 SE ALDERCREST RD

City

PORTLAND

State

OR

Zip Code

97222

FEC ID number of contributing
federal political committee.

C

Name of Employer

OREGON DECORATIVE ROCK

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 05 / 2014

Transaction ID : SA11AI.85047

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. CHARLOTTE HAYNIE 770

Mailing Address 1222 RIPPLE CREEK DR

City

HOUSTON

State

TX

Zip Code

77057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.85052

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. CHARLOTTE HAYNIE 770

Mailing Address 1222 RIPPLE CREEK DR

City

HOUSTON

State

TX

Zip Code

77057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.85053

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

475.00

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. Waights Henry 301

Mailing Address 1460 Gilbert Rd Nw

City
Kennesaw

State Zip Code
GA 30152

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SA11AI.85091

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. PAT HEYLAND 741

Mailing Address 4432 E 90TH PL

City
TULSA

State Zip Code
OK 74137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2014

Transaction ID : SA11AI.85111

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MR DONALD HINES 857

Mailing Address 8172 E GALINDA DR

City
TUCSON

State Zip Code
AZ 85750

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.85141

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

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800.00

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR MICHAEL J HOLASEK 531

Mailing Address 3747 E VAN NORMAN AVE

City State Zip Code
 CUDAHY WI 53110

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.85159

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MS MARIE HOYER 770

Mailing Address 4741 KINGLET ST

City State Zip Code
 HOUSTON TX 77035

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA11AI.85219

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR GREG J HUGHES 454

Mailing Address 2719 TIHART WAY

City State Zip Code
 BEAVERCREEK OH 45430

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.82446

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR GREG J HUGHES 454

Mailing Address 2719 TIHART WAY

City State Zip Code
 BEAVERCREEK OH 45430

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA11AI.82445

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR PHIL HURD 674

Mailing Address 4489 N WASSERMAN WAY

City State Zip Code
 SALINA KS 67401

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SNAP-ON TOOLS DEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 28 / 2014

Transaction ID : SA11AI.85248

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MRS JEAN HYDE 980

Mailing Address 4428 136TH PL SE

City State Zip Code
 BELLEVUE WA 98006

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 30 / 2014

Transaction ID : SA11AI.82454

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MS PATRICIA JACOBSEN 956

Mailing Address 7940 AMALFI WAY

City State Zip Code
FAIR OAKS CA 95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 06 2014

Transaction ID : SA11AI.85284

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MS PATRICIA JACOBSEN 956

Mailing Address 7940 AMALFI WAY

City State Zip Code
FAIR OAKS CA 95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 06 2014

Transaction ID : SA11AI.85285

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MS PATRICIA JACOBSEN 956

Mailing Address 7940 AMALFI WAY

City State Zip Code
FAIR OAKS CA 95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 03 2014

Transaction ID : SA11AI.85286

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MS PATRICIA JACOBSEN 956

Mailing Address 7940 AMALFI WAY

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.85287

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. NEIL JACOBY 900

Mailing Address 1434 MIDVALE AVE

City

LOS ANGELES

State

CA

Zip Code

90024

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.85289

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. NEIL JACOBY 900

Mailing Address 1434 MIDVALE AVE

City

LOS ANGELES

State

CA

Zip Code

90024

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.85290

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

235.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR LOREN JAHN 604

Mailing Address 13149 N COUNTRY CLUB CT

City	State	Zip Code
PALOS HEIGHTS	IL	60463

FEC ID number of contributing federal political committee.

C

Name of Employer

LOREN JAHN PRIVATE CHARITABLE FOUND

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2014

Transaction ID : SA11AI.82464

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR LOREN JAHN 604

Mailing Address 13149 N COUNTRY CLUB CT

City	State	Zip Code
PALOS HEIGHTS	IL	60463

FEC ID number of contributing federal political committee.

C

Name of Employer

LOREN JAHN PRIVATE CHARITABLE FOUNDATI

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

Transaction ID : SA11AI.82463

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MARSHA JARVIS 453

Mailing Address 741 PLUM RIDGE TRL

City	State	Zip Code
SIDNEY	OH	45365

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2014

Transaction ID : SA11AI.85305

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

525.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. ERIC JOHNSON 460

Mailing Address 837 S PARK TRAIL DR

City State Zip Code
 CARMEL IN 46032

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 12 / 2014

Transaction ID : SA11AI.85352

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MRS JOYCE E JONES 500

Mailing Address 1302 NE TRILEIN DR

City State Zip Code
 ANKENY IA 50021

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 22 / 2014

Transaction ID : SA11AI.82476

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MR DAVID KAPLAN 325

Mailing Address 907 CHOCTAWHATCHEE DRIVE

City State Zip Code
 NICEVILLE FL 32578

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 06 / 2014

Transaction ID : SA11AI.85408

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR DAVID KAPLAN 325

Mailing Address 907 CHOCTAWHATCHEE DRIVE

City	State	Zip Code
NICEVILLE	FL	32578

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2014

Transaction ID : SA11AI.85409

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DOYLE KEITH 532

Mailing Address PO BOX 370135

City	State	Zip Code
MILWAUKEE	WI	53237

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

PAINT CO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2014

Transaction ID : SA11AI.85426

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DOYLE KEITH 532

Mailing Address PO BOX 370135

City	State	Zip Code
MILWAUKEE	WI	53237

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

PAINT CO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2014

Transaction ID : SA11AI.85429

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. GARY KIRKE 502

Mailing Address 5465 MILLS CIVIC PKWY
UNIT 400

City State Zip Code
WEST DES MOINES IA 50266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 30 / 2014

Transaction ID : SA11AI.85479

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. MR WALTER H KLEINER 980

Mailing Address 1725 89TH PL NE

City State Zip Code
CLYDE HILL WA 98004

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.82503

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. MR KEVIN KOEHNKE 549

Mailing Address 214 N STATE ST

City State Zip Code
APPLETON WI 54911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
TRUCK DRIVER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 04 / 2014

Transaction ID : SA11AI.85527

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR DANIEL D KUBIN 770

Mailing Address 1701 BLOUNT ST

City
HOUSTON

State Zip Code
TX 77008

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.82520

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. ANNE KUCKLICK 950

Mailing Address 22700 MIDPINE CT

City
LOS GATOS

State Zip Code
CA 95033

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 21 / 2014

Transaction ID : SA11AI.85562

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. ANNE KUCKLICK 950

Mailing Address 22700 MIDPINE CT

City
LOS GATOS

State Zip Code
CA 95033

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11AI.85563

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MARY JANE LAATZ 462

Mailing Address 6824 WILLOW RD

City

INDIANAPOLIS

State

IN

Zip Code

46220

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.85582

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. FRED LAWSON 403

Mailing Address 105 CHERRYWOOD DRIVE

City

NICHOLASVILLE

State

KY

Zip Code

40356

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : SA11AI.85646

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. FRED LAWSON 403

Mailing Address 105 CHERRYWOOD DRIVE

City

NICHOLASVILLE

State

KY

Zip Code

40356

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2014

Transaction ID : SA11AI.85647

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR JOHN LEADER 062 JR

Mailing Address PO BOX 308

City

DAYVILLE

State

CT

Zip Code

06241

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 01 / 2014

Transaction ID : SA11AI.82536

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR JOHN LEADER 062 JR

Mailing Address PO BOX 308

City

DAYVILLE

State

CT

Zip Code

06241

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.82537

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. ALICE LEBEWOHL 931

Mailing Address 5500 CALLE REAL APT 129

City

SANTA BARBARA

State

CA

Zip Code

93111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 06 / 2014

Transaction ID : SA11AI.85665

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. ALICE LEBEWOHL 931

Mailing Address 5500 CALLE REAL APT 129

City State Zip Code
SANTA BARBARA CA 93111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.85666

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. ONA LESTER 300

Mailing Address 1101 HUMPHRIES RD NW

City State Zip Code
CONYERS GA 30012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : SA11AI.82541

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. ONA LESTER 300

Mailing Address 1101 HUMPHRIES RD NW

City State Zip Code
CONYERS GA 30012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11AI.85692

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. ONA LESTER 300

Mailing Address 1101 HUMPHRIES RD NW

City State Zip Code
CONYERS GA 30012

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.85691

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. ONA LESTER 300

Mailing Address 1101 HUMPHRIES RD NW

City State Zip Code
CONYERS GA 30012

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.85693

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. DALE LEVINE 130

Mailing Address 42 CHURCH ST
UNIT 309

City State Zip Code
CORTLAND NY 13045

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 27 / 2014

Transaction ID : SA11AI.85695

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MS PHYLLIS O LEWELLYN 300

Mailing Address 1125 TIMBERLAND DR SE

City State Zip Code
 MARIETTA GA 30067

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2014

Transaction ID : SA11AI.85700

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR DONALD R LYNCH 532 JR

Mailing Address 1230 E COURTLAND PL

City State Zip Code
 MILWAUKEE WI 53211

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 16 / 2014

Transaction ID : SA11AI.82574

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. CHRIS MANCINI 773

Mailing Address 25707 BRIDLE FALLS

City State Zip Code
 MAGNOLIA TX 77355

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 06 / 2014

Transaction ID : SA11AI.85800

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. CHRIS MANCINI 773

Mailing Address 25707 BRIDLE FALLS

City	State	Zip Code
MAGNOLIA	TX	77355

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2014

Transaction ID : SA11AI.85801

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MR SAMUEL MARTINI 897

Mailing Address 5150 GONI RD

City	State	Zip Code
CARSON CITY	NV	89706

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2014

Transaction ID : SA11AI.85842

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MARJORIE A MATHESON 117

Mailing Address 147 HEATHER LN

City	State	Zip Code
MILL NECK	NY	11765

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	18	/	2014

Transaction ID : SA11AI.82588

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. JOSEPH MAZZELLA 070

Mailing Address 3 NORWOOD TER

City

CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

EQUITY TRAINER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	4

Transaction ID : SA11AI.85865

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. STEVEN MCCORD 760

Mailing Address 4601 WESTBURY DR

City

COLLEYVILLE

State

TX

Zip Code

76034

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

PHYSICIAN

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	4

Transaction ID : SA11AI.85891

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS TRUDY MCCRORY 360

Mailing Address 426 PARKWOOD DR

City

PRATTVILLE

State

AL

Zip Code

36067

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	4

Transaction ID : SA11AI.85903

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MS EMILY MCLEAN 863

Mailing Address PO BOX 1207

City

DEWEY

State

AZ

Zip Code

86327

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11AI.85928

Amount of Each Receipt this Period

55.00

Full Name (Last, First, Middle Initial)

B. ROBERT MEIGS 193

Mailing Address 49 LINE RD

City

MALVERN

State

PA

Zip Code

19355

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.85951

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MRS COLLEEN MEYER 967

Mailing Address 47-309 KAMEHAMEHA HWY

City

KANEOHE

State

HI

Zip Code

96744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.85977

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

255.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. PRUDENCE MILLER 972

Mailing Address 4220 SW GREENLEAF DR

City State Zip Code
 PORTLAND OR 97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

WIDOW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2014

Transaction ID : SA11AI.86010

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. PRUDENCE MILLER 972

Mailing Address 4220 SW GREENLEAF DR

City State Zip Code
 PORTLAND OR 97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

WIDOW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 08 / 2014

Transaction ID : SA11AI.86011

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MS HELEN MITCHELL 954

Mailing Address 301 WHITE OAK DR
 UNIT 253

City State Zip Code
 SANTA ROSA CA 95409

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 04 / 2014

Transaction ID : SA11AI.86034

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MS NANCY MOORE 193

Mailing Address 300 E MARSHALL ST
UNIT 226

City State Zip Code
WEST CHESTER PA 19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.86059

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS NANCY MOORE 193

Mailing Address 300 E MARSHALL ST
UNIT 226

City State Zip Code
WEST CHESTER PA 19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.86060

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS NANCY MOORE 193

Mailing Address 300 E MARSHALL ST
UNIT 226

City State Zip Code
WEST CHESTER PA 19380

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 06 / 2014

Transaction ID : SA11AI.86061

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MS CLAIR J MURPHY 551

Mailing Address 1626 RUTH ST N

City

SAINT PAUL

State

MN

Zip Code

55119

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.82666

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. KEITH NIEMUTH 549

Mailing Address 540 SILVERWOOD LN

City

NEENAH

State

WI

Zip Code

54956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 08 / 2014

Transaction ID : SA11AI.86212

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR DAVID NORDLING 836

Mailing Address 1117 W ASHBOURNE DR

City

EAGLE

State

ID

Zip Code

83616

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.82683

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. WINFORD NOWELL 018

Mailing Address 8 ROLLINS ST

City

GROVELAND

State

MA

Zip Code

01834

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 02 / 2014

Transaction ID : SA11AI.86233

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS NORMA C O'CONNELL 349

Mailing Address 6905 BELLEAIR AVE

City

FORT PIERCE

State

FL

Zip Code

34951

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

253.00

Date of Receipt

05 / 24 / 2014

Transaction ID : SA11AI.86249

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR DALE OYHUS 586

Mailing Address 13973 FRANKS CREEK RD

City

MEDORA

State

ND

Zip Code

58645

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RANCHER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 06 / 2014

Transaction ID : SA11AI.82703

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR RUSSELL PALUMBO 020

Mailing Address 139 EAST ST

City
EAST WALPOLE

State Zip Code
MA 02032

FEC ID number of contributing
federal political committee.

C

Name of Employer

R&R LIQUORS INC

Occupation

STORE PROPETIOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2014

Transaction ID : SA11AI.82707

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MR RUSSELL PALUMBO 020

Mailing Address 139 EAST ST

City
EAST WALPOLE

State Zip Code
MA 02032

FEC ID number of contributing
federal political committee.

C

Name of Employer

R&R LIQUORS INC

Occupation

STORE PROPETIOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.82706

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR RUSSELL PALUMBO 020

Mailing Address 139 EAST ST

City
EAST WALPOLE

State Zip Code
MA 02032

FEC ID number of contributing
federal political committee.

C

Name of Employer

R&R LIQUORS INC

Occupation

STORE PROPETIOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.82705

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MRS JANALU PARCHMAN 786

Mailing Address 408 LISCIO CV

City State Zip Code
GEORGETOWN TX 78628

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

ELEMENTARY TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

223.50

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.86325

Amount of Each Receipt this Period

48.50

Full Name (Last, First, Middle Initial)

B. MS ANNE PERRI 972

Mailing Address 4975 SW 65TH AVE

City State Zip Code
PORTLAND OR 97221

FEC ID number of contributing
federal political committee.

C

Name of Employer

BEST BUY

Occupation

SECT / TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 16 / 2014

Transaction ID : SA11AI.86372

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR LEROY PIETZ 573

Mailing Address 41115 284TH ST

City State Zip Code
TRIPP SD 57376

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.86416

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

208.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MRS KAY POITRAS 338

Mailing Address 949 HAMILTON CIR

City

HAINES CITY

State

FL

Zip Code

33844

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.82729

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MS BETTY PRIDAY 977

Mailing Address 1281 NW WALL ST

City

BEND

State

OR

Zip Code

97701

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.86460

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DIANNE PULSE 386

Mailing Address 113 E SPRING ST

City

RIPLEY

State

MS

Zip Code

38663

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.86473

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MS LENORA PUSTA 855

Mailing Address 138 W SUNFLOWER DRIVE

City
PAYSON

State Zip Code
AZ 85541

FEC ID number of contributing
federal political committee.

C

Name of Employer
EUCID, OH BD OF EDUC.

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : SA11AI.86481

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MS LENORA PUSTA 855

Mailing Address 138 W SUNFLOWER DRIVE

City
PAYSON

State Zip Code
AZ 85541

FEC ID number of contributing
federal political committee.

C

Name of Employer
EUCID, OH BD OF EDUC.

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
05 / 05 / 2014

Transaction ID : SA11AI.86482

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MS LENORA PUSTA 855

Mailing Address 138 W SUNFLOWER DRIVE

City
PAYSON

State Zip Code
AZ 85541

FEC ID number of contributing
federal political committee.

C

Name of Employer
EUCID, OH BD OF EDUC.

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2014

Transaction ID : SA11AI.86483

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. JOHN REDDEN 410

Mailing Address 1917 FORTSIDE CIR

City

FT MITCHELL

State

KY

Zip Code

41011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.86525

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR ERIK RENKEN 774

Mailing Address 401 OSCAR ST

City

EL CAMPO

State

TX

Zip Code

77437

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

POWER INC

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

305.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.86548

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. ROBERT REYNOLDS 958

Mailing Address 1104 RIO CIDADE WAY

City

SACRAMENTO

State

CA

Zip Code

95831

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11AI.86559

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MARINEL RICHARDSON 782

Mailing Address 7711 LYNN ANNE ST

City

SAN ANTONIO

State

TX

Zip Code

78240

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.86577

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MARINEL RICHARDSON 782

Mailing Address 7711 LYNN ANNE ST

City

SAN ANTONIO

State

TX

Zip Code

78240

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.86579

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MARINEL RICHARDSON 782

Mailing Address 7711 LYNN ANNE ST

City

SAN ANTONIO

State

TX

Zip Code

78240

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

06 / 25 / 2014

Transaction ID : SA11AI.86578

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. KENNETH L ROLFE 973

Mailing Address 301 SE FOUNDATION DR

City State Zip Code
DALLAS OR 97338

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

453.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.82782

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MR ELMER H RUEHLMANN 980

Mailing Address 7454 NEWCASTLE GOLF CLUB RD #321

City State Zip Code
NEWCASTLE WA 98059

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 28 / 2014

Transaction ID : SA11AI.82790

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. MS ANNE RYAN 334

Mailing Address 5402 PENNOCK POINT RD

City State Zip Code
JUPITER FL 33458

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.86679

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MS ANNE RYAN 334

Mailing Address 5402 PENNOCK POINT RD

City

JUPITER

State

FL

Zip Code

33458

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 06 / 2014

Transaction ID : SA11AI.86681

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MS ANNE RYAN 334

Mailing Address 5402 PENNOCK POINT RD

City

JUPITER

State

FL

Zip Code

33458

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

530.00

Date of Receipt

06 / 04 / 2014

Transaction ID : SA11AI.86680

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. MS ANNE RYAN 334

Mailing Address 5402 PENNOCK POINT RD

City

JUPITER

State

FL

Zip Code

33458

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

580.00

Date of Receipt

06 / 20 / 2014

Transaction ID : SA11AI.86683

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

280.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MS ANNE RYAN 334

Mailing Address 5402 PENNOCK POINT RD

City
JUPITER

State Zip Code
FL 33458

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

06 / 23 / 2014

Transaction ID : SA11AI.86682

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. GEORGE D RYERSON 432

Mailing Address 2407 RAVENEL DR

City
COLUMBUS

State Zip Code
OH 43209

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 15 / 2014

Transaction ID : SA11AI.82792

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MRS EVA F SCOTT 230

Mailing Address 15830 GADDES BRIDGE RD

City
AMELIA COURT HOUSE

State Zip Code
VA 23002

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SMALL BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 10 / 2014

Transaction ID : SA11AI.86792

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MICHAEL SHIVELY 622

Mailing Address 1409 DALE DR

City
TROY

State
IL

Zip Code
62294

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.86862

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. LOUISE SHOFF 960

Mailing Address 845 FRANZEL RD

City

RED BLUFF

State

CA

Zip Code

96080

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 20 / 2014

Transaction ID : SA11AI.86872

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR JOHN J SIEFFERT 480 JR

Mailing Address 740 RANDALL DR

City

TROY

State

MI

Zip Code

48085

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : SA11AI.82849

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR JOHN J SIEFFERT 480 JR

Mailing Address 740 RANDALL DR

City
TROY

State
MI

Zip Code
48085

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
05 / 12 / 2014

Transaction ID : SA11AI.82850

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR WILLIAM SMITH 514

Mailing Address 1722 TERRACE DR

City

CARROLL

State

IA

Zip Code

51401

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

MM / DD / YYYY
04 / 25 / 2014

Transaction ID : SA11AI.86913

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR WILLIAM SMITH 514

Mailing Address 1722 TERRACE DR

City

CARROLL

State

IA

Zip Code

51401

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

MM / DD / YYYY
06 / 20 / 2014

Transaction ID : SA11AI.86911

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR BOYD CHARLES SMITH 943

Mailing Address 301 COLERIDGE AVE

City State Zip Code
PALO ALTO CA 94301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SA11AI.86931

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MR JOSEPH C SUCHAN 342 JR

Mailing Address 37 SUNSET DR #62

City State Zip Code
SARASOTA FL 34236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : SA11AI.82913

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

C. MR TROYE SUMMITT 378

Mailing Address 450 BRAKEBILL RD

City State Zip Code
VONORE TN 37885

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

HOWARD HANNA SMYTHE CRAMER

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2014

Transaction ID : SA11AI.82915

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. PAUL SZARKOWSKI 584

Mailing Address 2614 87TH AVE SE

City

JAMESTOWN

State

ND

Zip Code

58401

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

06 / 06 / 2014

Transaction ID : SA11AI.87082

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD UPSHAW 750

Mailing Address 806 EAGLE PASS

City

HEATH

State

TX

Zip Code

75032

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RESTAURANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

04 / 23 / 2014

Transaction ID : SA11AI.87240

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR RICHARD UPSHAW 750

Mailing Address 806 EAGLE PASS

City

HEATH

State

TX

Zip Code

75032

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RESTAURANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 23 / 2014

Transaction ID : SA11AI.87241

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR ROBERT WALSH 704

Mailing Address 10 IBIS LN

City

MANDEVILLE

State

LA

Zip Code

70471

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2014

Transaction ID : SA11AI.87338

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. RICHARD WALZ 546

Mailing Address W4898 N KINNEY COULEE RD

City

ONALASKA

State

WI

Zip Code

54650

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

LANDLORD

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2014

Transaction ID : SA11AI.87351

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MARY ANN WATSON 381

Mailing Address 172 PLAINVIEW ST

City

MEMPHIS

State

TN

Zip Code

38111

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		03		2014

Transaction ID : SA11AI.87370

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

675.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MARY ANN WATSON 381

Mailing Address 172 PLAINVIEW ST

City State Zip Code
 MEMPHIS TN 38111

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 03 / 2014

Transaction ID : SA11AI.87371

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. MARY ANN WATSON 381

Mailing Address 172 PLAINVIEW ST

City State Zip Code
 MEMPHIS TN 38111

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 07 / 2014

Transaction ID : SA11AI.87369

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MRS LULA WEISENFELS 729

Mailing Address 405 BROWNWOOD EST

City State Zip Code
 FORT SMITH AR 72916

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 03 / 2014

Transaction ID : SA11AI.82986

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 135

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MRS LULA WEISENFELS 729

Mailing Address 405 BROWNWOOD EST

City State Zip Code
 FORT SMITH AR 72916

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 07 2014

Transaction ID : SA11AI.82985

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. MR BERT WILLIAMS 750

Mailing Address 2121 TEXAS ASH DR

City State Zip Code
 IRVING TX 75063

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 02 2014

Transaction ID : SA11AI.87489

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS MARY LOU WILSON 797

Mailing Address 4501 GREEN TREE BLVD

City State Zip Code
 MIDLAND TX 79707

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 20 2014

Transaction ID : SA11AI.87515

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

360.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR EDWARD G WONG 921

Mailing Address 11186 PACEMONT LN

City

SAN DIEGO

State

CA

Zip Code

92126

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

04 / 10 / 2014

Transaction ID : SA11AI.87559

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR EDWARD G WONG 921

Mailing Address 11186 PACEMONT LN

City

SAN DIEGO

State

CA

Zip Code

92126

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

05 / 23 / 2014

Transaction ID : SA11AI.87560

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MS CAROL WULFFRAAT 890

Mailing Address 2670 RICEVILLE DR

City

HENDERSON

State

NV

Zip Code

89052

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

06 / 12 / 2014

Transaction ID : SA11AI.87586

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MRS LOIS WUNSCHER 852

Mailing Address 10910 E MEDINA AVE

City	State	Zip Code
MESA	AZ	85209

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		03		2014

Transaction ID : SA11AI.83020

Amount of Each Receipt this Period

170.00

Full Name (Last, First, Middle Initial)

B. CRAIG WYLIE 953

Mailing Address 23 W ALEXANDER AVE

City	State	Zip Code
MERCED	CA	95348

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : SA11AI.87592

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. ORVAN YODER 465

Mailing Address PO BOX 144

City	State	Zip Code
TOPEKA	IN	46571

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		03		2014

Transaction ID : SA11AI.87599

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ▶

520.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 135

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MRS EVELYN ZIAYLEK 189

Mailing Address 1382 NEWTOWN LANGHORNE RD
 PENNSWOOD VILLAGE APT N-0

City	State	Zip Code
NEWTOWN	PA	18940

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : SA11AI.83034

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR JOHN ZIEGLER 173

Mailing Address 515 GRACE TER

City	State	Zip Code
NEW OXFORD	PA	17350

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2014

Transaction ID : SA11AI.83035

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

34244.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 135

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE MAJORITY FUND

Mailing Address 2776 S ARLINGTON MILL DR #806

City State Zip Code
ARLINGTON VA 22206

FEC ID number of contributing
federal political committee.

C C00457291

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2014

Transaction ID : SA11C.83106

Amount of Each Receipt this Period

5000.00

POLITICAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. ACTIVE ENGAGEMENT LLC

Mailing Address 44084 RIVERSIDE PKWY
SUITE 350

City State Zip Code
LANSDOWNE VA 20176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3960.91

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SA17.83108

Amount of Each Receipt this Period

808.60

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

B. ACTIVE ENGAGEMENT LLC

Mailing Address 44084 RIVERSIDE PKWY
SUITE 350

City State Zip Code
LANSDOWNE VA 20176

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4245.91

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 18 / 2014

Transaction ID : SA17.83109

Amount of Each Receipt this Period

285.00

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1093.60

1093.60

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

THE CONSERVATIVE STRIKEFORCE

A. AMBASSADOR ACCOUNTING INC

Date of Disbursement

Transaction ID : SB21B.83096

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period



147.80

B. AMBASSADOR ACCOUNTING INC

Date of Disbursement

M M / D D / Y Y Y Y
04 17 2014

Transaction ID : SB21B.83097

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	160.17
25-34	~100
35-44	~100
45-54	~100
55-64	~100
65-74	~100
75-84	~100
85+	~100

C. AMBASSADOR ACCOUNTING INC

Date of Disbursement

M M / D D / Y Y Y Y
05 07 2014

Transaction ID : SB21B.83098

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

69.25

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

377.22

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 135

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. AMERICAN LIBERTY GROUP LLCMailing Address 611 PENNSYLVANIA AVE SE
SUITE 227

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC TELEMARKETING SERVICES

003

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 24 2014

Transaction ID : SB21B.83299

Amount of Each Disbursement this Period

274.36

Full Name (Last, First, Middle Initial)

B. AMERICAN LIBERTY GROUP LLCMailing Address 611 PENNSYLVANIA AVE SE
SUITE 227

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC TELEMARKETING SERVICES

003

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 23 2014

Transaction ID : SB21B.83054

Amount of Each Disbursement this Period

1749.20

Full Name (Last, First, Middle Initial)

C. AMERICAN LIBERTY GROUP LLCMailing Address 611 PENNSYLVANIA AVE SE
SUITE 227

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAC TELEMARKETING SERVICES

003

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
06 05 2014

Transaction ID : SB21B.83055

Amount of Each Disbursement this Period

109.68

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2133.24

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

THE CONSERVATIVE STRIKEFORCE

A. CAPITOL CAGING CORP

Date of Disbursement

Transaction ID : SB21B.81977

001

Amount of Each Disbursement this Period

Category/
Type

1268.42

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. CAPITOL CAGING CORP

Date of Disbursement

Mailing Address 504 SHAW RD

M M / D D / Y Y Y Y
04 29 2014

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.81978

Purpose of Disbursement

CAGING SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

500.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)
C. CAPITOL CAGING CORP

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 504 SHAW RD

M M / D D / Y Y Y Y
05 14 2014

City	State	Zip Code
STERLING	VA	20166

Transaction ID : SB21B.82008

Purpose of Disbursement
RENEW PO BOX

001

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

748.00

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

2516.42

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

THE CONSERVATIVE STRIKEFORCE

A. CAPITOL CAGING CORP

Date of Disbursement

Transaction ID : SB21B.82037

001

Amount of Each Disbursement this Period

Category/
Type

35.60

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. CAPITOL CAGING CORP

Date of Disbursement

06 / 19 / 2014

Transaction ID : SB21B.82038

001

Amount of Each Disbursement this Period

Category/
Type

547.31

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

C. CAPITOL CAGING CORP

Date of Disbursement

Transaction ID : SB21B.82039

001

Amount of Each Disbursement this Period

Category/
Type

41.10

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

624.01

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. CENTURY DATA MAILING SERVICESMailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL - POSTAGE

003

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 10 2014

Transaction ID : SB21B.81979

Amount of Each Disbursement this Period

4771.20

Full Name (Last, First, Middle Initial)

B. CENTURY DATA MAILING SERVICESMailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL - POSTAGE

003

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 01 2014

Transaction ID : SB21B.82010

Amount of Each Disbursement this Period

4122.35

Full Name (Last, First, Middle Initial)

C. CENTURY DATA MAILING SERVICESMailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL - POSTAGE

003

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 08 2014

Transaction ID : SB21B.82011

Amount of Each Disbursement this Period

7959.39

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16852.94

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 83 OF 135

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. CENTURY DATA MAILING SERVICESMailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL - POSTAGE

003

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 29 / 2014

Transaction ID : SB21B.82012

Amount of Each Disbursement this Period

1251.95

Full Name (Last, First, Middle Initial)

B. CENTURY DATA MAILING SERVICESMailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DIRECT MAIL - POSTAGE

003

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
06 / 19 / 2014

Transaction ID : SB21B.82040

Amount of Each Disbursement this Period

1191.19

Full Name (Last, First, Middle Initial)

C. CENTURY DATA SYSTEMS CORPMailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DATA PROCESSING

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : SB21B.81981

Amount of Each Disbursement this Period

997.14

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3440.28

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. CENTURY DATA SYSTEMS CORPMailing Address 1155 - 15TH STREET, NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
DATA PROCESSING

001

Category/
Type

Candidate Name

THE CONSERVATIVE STRIKEFORCEOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 17 / 2014

Transaction ID : SB21B.81982

Amount of Each Disbursement this Period

1032.56

Full Name (Last, First, Middle Initial)

B. CLIENT FIRST CONSULTING GROUP LLC

Mailing Address 385 AVERY LN

City MEDINA State OH Zip Code 44256

Purpose of Disbursement
PAC TELEMARTETING SERVICES

003

Category/
Type

Candidate Name

THE CONSERVATIVE STRIKEFORCEOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : SB21B.83110

Amount of Each Disbursement this Period

18600.00

Full Name (Last, First, Middle Initial)

C. COLORTREE

Mailing Address 2519 BRITTONS HILL RD

City RICHMOND State VA Zip Code 23230

Purpose of Disbursement
DIRECT MAIL - PRINTING & MAILSHOP

003

Category/
Type

Candidate Name

THE CONSERVATIVE STRIKEFORCEOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 22 / 2014

Transaction ID : SB21B.82014

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

21632.56

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

THE CONSERVATIVE STRIKEFORCE



372.31

State: District:

05 / 31 / 2014

Category/
Type

State: District:

Category/
Type

State: District:

666.70

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
0	4		0	1		2	0	1	4		

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Transaction ID : SB21B.81986Purpose of Disbursement
SERVICE CHARGE

001

Amount of Each Disbursement this Period

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: ☐ Primary ☐ General
 ☐ Other (specify) ▼

State: District:

											89.22

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
0	4		0	1		2	0	1	4		

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Transaction ID : SB21B.81987Purpose of Disbursement
AMEX DISCOUNT FEE

001

Amount of Each Disbursement this Period

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: ☐ Primary ☐ General
 ☐ Other (specify) ▼

State: District:

											0.53

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M	M		D	D		Y	Y	Y	Y		
0	4		0	4		2	0	1	4		

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Transaction ID : SB21B.81988Purpose of Disbursement
AMEX DISCOUNT FEE

001

Amount of Each Disbursement this Period

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type
Office Sought: ☐ House
 ☐ Senate
 ☐ President

Disbursement For: ☐ Primary ☐ General
 ☐ Other (specify) ▼

State: District:

											6.65

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

											96.40

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 135

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
AMEX DISCOUNT FEE

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 07 / 2014
Transaction ID : SB21B.81989

Amount of Each Disbursement this Period

1.93

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
CUSTOM CREDIT BILLING

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 07 / 2014
Transaction ID : SB21B.81990

Amount of Each Disbursement this Period

67.25

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
MERCHANT SERVICE CHARGE

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 08 / 2014
Transaction ID : SB21B.81991

Amount of Each Disbursement this Period

315.78

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

384.96

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

THE CONSERVATIVE STRIKEFORCE

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.81992

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

0.88

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M / D D / Y Y Y Y
04 14 2014

Transaction ID : SB21B.81993

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	2.98
25-34	1.85
35-44	1.72
45-54	1.68
55-64	1.65
65-74	1.62
75-84	1.58
85+	1.55

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.81994

001

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	1.40
25-34	0.80
35-44	0.60
45-54	0.40
55-64	0.20
65-74	0.10
75-84	0.05
85+	0.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5.26

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
AMEX COLLECTION FEE

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 28 2014
Transaction ID : SB21B.81995

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
BANK CHARGES

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 30 2014
Transaction ID : SB21B.83057

Amount of Each Disbursement this Period

676.61

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 01 2014
Transaction ID : SB21B.82015

Amount of Each Disbursement this Period

75.32

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

759.88

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

THE CONSERVATIVE STRIKEFORCE

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

05 / 02 / 2014

Transaction ID : SB21B.82016

001

Category/
Type

Amount of Each Disbursement this Period

Response	Percentage
Yes	3.68

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.82017

001

Category/
Type

Amount of Each Disbursement this Period



Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.82018

001

Category/
Type

Amount of Each Disbursement this Period

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

7.54

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

THE CONSERVATIVE STRIKEFORCE

A. FIRST VIRGINIA COMMUNITY BANK

00.

Category/
Type

State: District:

B. FIRST VIRGINIA COMMUNITY BANK

00

Category/
Type

State: District:

C. FIRST VIRGINIA COMMUNITY BANK

00-

Category/
Type

State: District:

257.11

A diagram illustrating a storage system with two rows of bins. The top row contains three bins; the first two are labeled '9' and the third is labeled '257.11'. The bottom row contains three bins, all labeled '8'. This visualizes the concept of a large number being stored across multiple bins.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 93 OF 135

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
AMEX DISCOUNT FEE

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 / 12 / 2014
Transaction ID : SB21B.82022

Amount of Each Disbursement this Period

1.75

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
AMEX DISCOUNT FEE

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 / 19 / 2014
Transaction ID : SB21B.82023

Amount of Each Disbursement this Period

1.05

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
AMEX COLLECTION FEE

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type
Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
05 / 27 / 2014
Transaction ID : SB21B.82024

Amount of Each Disbursement this Period

7.95

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10.75

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

THE CONSERVATIVE STRIKEFORCE

A. FIRST VIRGINIA COMMUNITY BANK

Transaction ID : SB21B.83058

Amount of Each Disbursement this Period

Category/
Type

627.61

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

B. FIRST VIRGINIA COMMUNITY BANK

MM / DD / YYYY

Transaction ID : SB21B.82025

Amount of Each Disbursement this Period

Category/
Type

58.94

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

C. FIRST VIRGINIA COMMUNITY BANK

Transaction ID : SB21B.82026

Amount of Each Disbursement this Period

Category/
Type

33.50

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

720.05

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

THE CONSERVATIVE STRIKEFORCE

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.82027

00:

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	0.70

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.82028

00

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

141.39

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

06 / 27 / 2014

Transaction ID : SB21B.82041

00-

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	7.95
25-34	12.5
35-44	15.2
45-54	18.7
55-64	22.1
65-74	25.3
75-84	28.9
85+	31.4

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

150.04

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

THE CONSERVATIVE STRIKEFORCE

A. FIRST VIRGINIA COMMUNITY BANK

Transaction ID : SB21B.83059

001

Category/
Type

THE CONSERVATIVE STRIKEFORCE

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

1069.77

B. INTEGRAM

Date of Disbursement

05 / 22 / 2014

Transaction ID : SB21B.82029

003

Category/
Type

THE CONSERVATIVE STRIKEFORCE

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

5326.74

C. LEGACY LIST MANAGEMENT INC

Date of Disbursement

Three digital displays are shown, each with a row of small squares above the main number. The first display shows '04' with two squares (left and right). The second display shows '10' with two squares (left and right). The third display shows '2014' with four squares (left, left-center, right-center, and right).

Transaction ID : SB21B.81996

003

Category/
Type

THE CONSERVATIVE STRIKEFORCE

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

2825.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

9221.51

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 99 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. SIMPKINS ESCROW

Mailing Address 29243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

Purpose of Disbursement
ESCROW SERVICES

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		08		2014

Transaction ID : SB21B.82030

Amount of Each Disbursement this Period

728.32

Full Name (Last, First, Middle Initial)

B. SIMPKINS ESCROW

Mailing Address 29243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

Purpose of Disbursement
ESCROW SERVICES

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SB21B.82042

Amount of Each Disbursement this Period

173.88

Full Name (Last, First, Middle Initial)

C. STRATEGIC CAMPAIGN GROUP INCMailing Address 4600 N FAIRFAX DRIVE
SUITE 802

City	State	Zip Code
ARLINGTON	VA	22203

Purpose of Disbursement
CONSULTING - MANAGEMENT

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

Transaction ID : SB21B.83065

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2902.20

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 100 OF 135

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. STRATEGIC CAMPAIGN GROUP INCMailing Address 4600 N FAIRFAX DRIVE
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - MANAGEMENT

Candidate Name

THE CONSERVATIVE STRIKEFORCEOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
04 / 22 / 2014

Transaction ID : SB21B.83066

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. STRATEGIC CAMPAIGN GROUP INCMailing Address 4600 N FAIRFAX DRIVE
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - MANAGEMENT

Candidate Name

THE CONSERVATIVE STRIKEFORCEOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 01 / 2014

Transaction ID : SB21B.83067

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. STRATEGIC CAMPAIGN GROUP INCMailing Address 4600 N FAIRFAX DRIVE
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - MANAGEMENT

Candidate Name

THE CONSERVATIVE STRIKEFORCEOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SB21B.83068

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 101 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. STRATEGIC CAMPAIGN GROUP INCMailing Address 4600 N FAIRFAX DRIVE
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - MANAGEMENT

Candidate Name

THE CONSERVATIVE STRIKEFORCEOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	01	/	2014

Transaction ID : SB21B.83069

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. STRATEGIC CAMPAIGN GROUP INCMailing Address 4600 N FAIRFAX DRIVE
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
CONSULTING - MANAGEMENT & EXPENSES

Candidate Name

THE CONSERVATIVE STRIKEFORCEOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	12	/	2014

Transaction ID : SB21B.83070

Amount of Each Disbursement this Period

2169.21

Full Name (Last, First, Middle Initial)

C. TARGET OUTREACH INCMailing Address 700 W VIRGINIA ST
SUITE 700

City MILWAUKEE State WI Zip Code 53204

Purpose of Disbursement
TELEMARKETING

Candidate Name

THE CONSERVATIVE STRIKEFORCEOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	01	/	2014

Transaction ID : SB21B.83071

Amount of Each Disbursement this Period

5785.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9954.21

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 102 OF 135

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. TARGET OUTREACH INCMailing Address 700 W VIRGINIA ST
SUITE 700

City MILWAUKEE State WI Zip Code 53204

Purpose of Disbursement
TELEMARKETING

003

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 13 / 2014

Transaction ID : SB21B.83072

Amount of Each Disbursement this Period

5107.00

Full Name (Last, First, Middle Initial)

B. TARGET OUTREACH INCMailing Address 700 W VIRGINIA ST
SUITE 700

City MILWAUKEE State WI Zip Code 53204

Purpose of Disbursement
TELEMARKETING

003

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : SB21B.83043

Amount of Each Disbursement this Period

3445.00

Full Name (Last, First, Middle Initial)

C. TARGET OUTREACH INCMailing Address 700 W VIRGINIA ST
SUITE 700

City MILWAUKEE State WI Zip Code 53204

Purpose of Disbursement
TELEMARKETING

003

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 11 / 2014

Transaction ID : SB21B.83044

Amount of Each Disbursement this Period

6160.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14712.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 103 OF 135

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. WELLS FARGO BANK

Mailing Address 1711 FERN ST

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement
BANK CHARGES

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2014

Transaction ID : SB21B.83073

Amount of Each Disbursement this Period

274.95

Full Name (Last, First, Middle Initial)

B. WELLS FARGO BANK

Mailing Address 1711 FERN ST

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		16		2014

Transaction ID : SB21B.83045

Amount of Each Disbursement this Period

14.00

Full Name (Last, First, Middle Initial)

C. WELLS FARGO BANK

Mailing Address 1711 FERN ST

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement
BANK CHARGES

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2014

Transaction ID : SB21B.83074

Amount of Each Disbursement this Period

210.98

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

499.93

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. WELLS FARGO BANK

Mailing Address 1711 FERN ST

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2014

Transaction ID : SB21B.83046

Amount of Each Disbursement this Period

14.00

Full Name (Last, First, Middle Initial)

B. WELLS FARGO BANK

Mailing Address 1711 FERN ST

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement
BANK CHARGES

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2014

Transaction ID : SB21B.83075

Amount of Each Disbursement this Period

179.93

Full Name (Last, First, Middle Initial)

C. WELLS FARGO BANK

Mailing Address 1711 FERN ST

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement
NSF CHARGE

001

Candidate Name

THE CONSERVATIVE STRIKEFORCECategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2014

Transaction ID : SB21B.83048

Amount of Each Disbursement this Period

12.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

205.93

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

THE CONSERVATIVE STRIKEFORCE

A. WELLS FARGO BANK

Mailing Address 1711 FERN ST

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement	
SERVICE CHARGE	

00:

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

Transaction ID : SB21B.83047

Amount of Each Disbursement this Period

14.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

14.00

142587.27

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 106 OF 135

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CHRIS MCDANIEL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		18		2014

Mailing Address PO BOX 125

City	State	Zip Code
LAUREL	MS	39441

Transaction ID : SB23.83100Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Amount of Each Disbursement this Period

Candidate Name

CHRISTOPHER BRIAN MCDANIELCategory/
Type

1000.00

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☐ General
☒ Other (specify) ▼

State: MS District: 00

Runoff

Full Name (Last, First, Middle Initial)

B. FRIENDS OF MIA LOVE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2014

Mailing Address PO BOX 255

City	State	Zip Code
RIVERTON	UT	84065

Transaction ID : SB23.83101Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Amount of Each Disbursement this Period

Candidate Name

MIA LOVECategory/
Type

5000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 04

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00
6000.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

THE CONSERVATIVE STRIKEFORCE

A. ELECT SHERIFF JOE ARPAIO

Date of Disbursement

Transaction ID : SB29.83104

012

Amount of Each Disbursement this Period

Category/
Type

SHERIFF JOE ARPAIO

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
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7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
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27	28
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31	32
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57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional).....

2500.00

TOTAL This Period (last page this line number only).....

2500.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 108 OF 135

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

BASE CONNECT INCNature of Debt (Purpose):
DIRECT MAIL - CREATIVEMailing Address 1155 - 15TH STREET, NW
SUITE 410City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

55273.60

Transaction ID : SD10.4244

Amount Incurred This Period

0.00

Payment This Period

5922.67

Outstanding Balance at Close of This Period

49350.93

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITOL CAGING CORPNature of Debt (Purpose):
CAGING SERVICES

Mailing Address 504 SHAW RD

City State Zip Code
STERLING VA 20166

Outstanding Balance Beginning This Period

1268.42

Transaction ID : SD10.26330

Amount Incurred This Period

1872.01

Payment This Period

3140.43

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CENTURY DATA SYSTEMS CORPNature of Debt (Purpose):
DATA PROCESSINGMailing Address 1155 - 15TH STREET, NW
SUITE 410City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

14291.72

Transaction ID : SD10.4245

Amount Incurred This Period

0.00

Payment This Period

2029.70

Outstanding Balance at Close of This Period

12262.02

1) **SUBTOTALS** This Period This Page (optional)..... ►

61612.95

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 109 OF 135

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

COLORTREE

Nature of Debt (Purpose):

DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 2519 BRITTONS HILL RD

City State

RICHMOND

Zip Code

VA

23230

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.82013

Amount Incurred This Period

2000.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CONSOLIDATED MAILING SERVICES

Nature of Debt (Purpose):

DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 504 SHAW ROAD

SUITE 206

City State

STERLING

Zip Code

VA

20166

Outstanding Balance Beginning This Period

79576.40

Transaction ID : SD10.4247

Amount Incurred This Period

0.00

Payment This Period

11436.29

Outstanding Balance at Close of This Period

68140.11

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DONOR BUREAU

Nature of Debt (Purpose):

LIST ENHANCEMENT

Mailing Address 1900 N CULPEPPER ST

City

ARLINGTON

State

VA

Zip Code

22207

Outstanding Balance Beginning This Period

5718.36

Transaction ID : SD10.26386

Amount Incurred This Period

0.00

Payment This Period

921.93

Outstanding Balance at Close of This Period

4796.43

1) **SUBTOTALS** This Period This Page (optional)..... ►

72936.54

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 110 OF 135

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

INTEGRAM

Nature of Debt (Purpose):

DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 8421 HILLTOP ROAD

City State

FAIRFAX

Zip Code

VA

22031

Outstanding Balance Beginning This Period

14891.12

Transaction ID : SD10.4248

Amount Incurred This Period

0.00

Payment This Period

5326.74

Outstanding Balance at Close of This Period

9564.38

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LEGACY LIST MANAGEMENT INC

Nature of Debt (Purpose):

LIST RENTALS

Mailing Address 1155 - 15TH STREET, NW

SUITE 410

City State

WASHINGTON

Zip Code

DC

20005

Outstanding Balance Beginning This Period

18063.40

Transaction ID : SD10.4249

Amount Incurred This Period

0.00

Payment This Period

2825.00

Outstanding Balance at Close of This Period

15238.40

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RHA MARKETING LLC

Nature of Debt (Purpose):

DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 1124 RUTLANDVIEW DR

City

DAVIDSONVILLE

State

MD

Zip Code

21035

Outstanding Balance Beginning This Period

4084.15

Transaction ID : SD10.26401

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4084.15

1) **SUBTOTALS** This Period This Page (optional)..... ►

28886.93

2) **TOTALS** This Period (last page this line number only)..... ►

163436.42

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

163436.42

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 111 OF 135
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 02 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 413.26	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83253
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 08 / 2014
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought		413.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 02 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 1699.52	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83254
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 08 / 2014
Name of Federal Candidate MARK L PRYOR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>
Calendar Year-To-Date Per Election for Office Sought		1699.52	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		2112.78	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date MM / DD / YYYY 10 / 15 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 112 OF 135
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 2649.72	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83255
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 08 / 2014
Name of Federal Candidate MARK E UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		2649.72	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 395.31	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83257
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2014
Name of Federal Candidate MARK E UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		5084.37	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		3045.03	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 113 OF 135
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 02 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 2653.73	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83258
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Name of Federal Candidate MARY L LANDRIEU		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		2653.73	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 02 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 3128.76	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83259
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 22 / 2014
Name of Federal Candidate AL FRANKEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought		3128.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		5782.49	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date MM / DD / YYYY 10 / 15 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 114 OF 135
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 597.75	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83260
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2014
Name of Federal Candidate JOHN E WALSH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		597.75	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 795.05	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83261
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2014
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		795.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		1392.80	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 115 OF 135
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 5713.50	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83262
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2014
Name of Federal Candidate KAY R HAGAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought		5713.50	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 2321.27	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83263
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2014
Name of Federal Candidate JEFFREY A MERKLEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OR</u>
Calendar Year-To-Date Per Election for Office Sought		2321.27	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		8034.77	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 116 OF 135
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00457291</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee ACTIVE ENGAGEMENT LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 02 / 2014</div>	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">935.88</div>	
City LANSDOWNE		State VA	Zip Code 20176	
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate MARK J WARNER			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee ACTIVE ENGAGEMENT LLC [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04 / 29 / 2014</div>	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17912.30</div>	
City LANSDOWNE		State VA	Zip Code 20176	
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate MIA LOVE			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">935.88</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <u>SCOTT B MACKENZIE</u> [Electronically Filed]				
Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 117 OF 135
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00457291</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 29 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount <div style="border-bottom: 1px solid black; width: 150px;"></div> 2800.00	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83087 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 29 / 2014
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type <div style="border-bottom: 1px solid black; width: 50px;"></div> 004	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px;"></div> 20712.30		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 04 / 29 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount <div style="border-bottom: 1px solid black; width: 150px;"></div> 10264.50	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83079 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 05 / 07 / 2014
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type <div style="border-bottom: 1px solid black; width: 50px;"></div> 004	
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 150px;"></div> 30976.80		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 150px;"></div> 13064.50	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <div style="border-bottom: 1px solid black; width: 150px;"></div> SCOTT B MACKENZIE		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 50px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 10 / 15 / 2014	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 118 OF 135
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 1550.00	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83080
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2014
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		32526.80	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 29 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 2500.00	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83081
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 27 / 2014
Name of Federal Candidate MIA LOVE		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		35026.80	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		4050.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 119 OF 135
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00457291</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>				
Full Name of Payee ACTIVE ENGAGEMENT LLC [MEMO ITEM]			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 05 / 29 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1000.00	
City LANSDOWNE		State VA	Zip Code 20176	
Purpose of Expenditure VOTER CONTACT eMAIL		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Transaction ID : SE.81972 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 05 / 29 / 2014
Name of Federal Candidate THOM R TILLIS			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: 00 State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 7311.01			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee ACTIVE ENGAGEMENT LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 04 / 29 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 797.80	
City LANSDOWNE		State VA	Zip Code 20176	
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Transaction ID : SE.83082 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 06 / 03 / 2014
Name of Federal Candidate MIA LOVE			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate District: 04 State: UT	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 35824.60			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 797.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. <div style="display: flex; justify-content: space-between;"><div style="width: 40%;">Signature <div style="border-top: 1px solid black; width: 100%;"></div> <i>SCOTT B MACKENZIE</i></div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 20%; text-align: center;"><div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 10 / 15 / 2014</div></div>				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 120 OF 135
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE			FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee ACTIVE ENGAGEMENT LLC			Date of Public Distribution/Dissemination 04 / 29 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			Amount 1702.20	
City LANSDOWNE		State VA	Zip Code 20176	
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/ Type	Transaction ID : SE.83089 Date of Disbursement or Obligation 06 / 03 / 2014	
Name of Federal Candidate THOM R TILLIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee ACTIVE ENGAGEMENT LLC [MEMO ITEM]			Date of Public Distribution/Dissemination 06 / 04 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			Amount 1000.00	
City LANSDOWNE		State VA	Zip Code 20176	
Purpose of Expenditure VOTER CONTACT eMAILS		Category/ Type	Transaction ID : SE.81998 Date of Disbursement or Obligation 06 / 04 / 2014	
Name of Federal Candidate THOM R TILLIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1702.20	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature <i>SCOTT B MACKENZIE</i>		Date 10 / 15 / 2014		
[Electronically Filed]				

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 121 OF 135
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee ACTIVE ENGAGEMENT LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 05 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 1100.00	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.82002
Purpose of Expenditure VOTER CONTACT eMAILS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 05 / 2014
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought 1100.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>	
Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 297.80	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.83084
Purpose of Expenditure VOTER CONTACT eMAIL		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 10 / 2014
Name of Federal Candidate THOM R TILLIS		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 7608.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		297.80	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <u>SCOTT B MACKENZIE</u>		Date MM / DD / YYYY 10 / 15 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE			FEC IDENTIFICATION NUMBER ▼ C C00457291		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee ACTIVE ENGAGEMENT LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1100.00</div>		
City LANSDOWNE		State VA	Zip Code 20176		Transaction ID : SE.83092
Purpose of Expenditure VOTER CONTACT eMAILS		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>MS</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2200.00</div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <u>Runoff</u>		
Full Name of Payee ACTIVE ENGAGEMENT LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">04</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address 44084 RIVERSIDE PKWY SUITE 350			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">662.20</div>		
City LANSDOWNE		State VA	Zip Code 20176		Transaction ID : SE.83266
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate MARK J WARNER			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>VA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1598.08</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1762.20</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 18 / 2014
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 1000.00
City LANSDOWNE	State VA	Zip Code 20176
Purpose of Expenditure VOTER CONTACT eMAILS	Category/Type 004	Transaction ID : SE.83094 Date of Disbursement or Obligation MM / DD / YYYY 06 / 17 / 2014
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
		3200.00

Full Name of Payee ACTIVE ENGAGEMENT LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 02 / 2014
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 1906.25
City LANSDOWNE	State VA	Zip Code 20176
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL DAYS	Category/Type 004	Transaction ID : SE.83268 Date of Disbursement or Obligation MM / DD / YYYY 06 / 17 / 2014
Name of Federal Candidate MARK J WARNER		Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		3504.33

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2906.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
10 / 15 / 2014

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 124 OF 135
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee ACTIVE ENGAGEMENT LLC [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 1000.00	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.82005
Purpose of Expenditure VOTER CONTACT eMAILS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2014
Name of Federal Candidate CHRISTOPHER BRIAN MCDANIEL		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MS</u>
Calendar Year-To-Date Per Election for Office Sought		4200.00	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Runoff
Full Name of Payee AMERICAN LIBERTY GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount 367.34	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.83272
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2014
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought		1124.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		367.34	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE		[Electronically Filed]	
Signature		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 125 OF 135
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee AMERICAN LIBERTY GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount 1510.69	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.83273
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2014
Name of Federal Candidate MARK L PRYOR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 4626.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee AMERICAN LIBERTY GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount 2706.69	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.83274
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2014
Name of Federal Candidate MARK E UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 7791.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		4217.38	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE			FEC IDENTIFICATION NUMBER ▼ C C00457291		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee AMERICAN LIBERTY GROUP LLC			Date of Public Distribution/Dissemination 04 / 02 / 2014		
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227			Amount 2174.70		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.83275
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004		Date of Disbursement or Obligation 05 / 01 / 2014	
Name of Federal Candidate MARY L LANDRIEU			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 4828.43			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee AMERICAN LIBERTY GROUP LLC			Date of Public Distribution/Dissemination 04 / 02 / 2014		
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227			Amount 184.17		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.83276
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004		Date of Disbursement or Obligation 05 / 08 / 2014	
Name of Federal Candidate MARY L LANDRIEU			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 5012.60			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			2358.87		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>SCOTT B MACKENZIE</u>			Date 10 / 15 / 2014 <i>[Electronically Filed]</i>		

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 127 OF 135
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NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee AMERICAN LIBERTY GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount 2781.12	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.83277
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2014
Name of Federal Candidate AL FRANKEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MN</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee AMERICAN LIBERTY GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount 531.33	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.83278
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 08 / 2014
Name of Federal Candidate JOHN E WALSH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		3312.45	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 128 OF 135
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NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE			FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y				
Full Name of Payee AMERICAN LIBERTY GROUP LLC			Date of Public Distribution/Dissemination 04 / 02 / 2014	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227			Amount 211.86	
City WASHINGTON		State DC	Zip Code 20003	
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type	Transaction ID : SE.83279 Date of Disbursement or Obligation 05 / 08 / 2014	
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		1006.91 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee AMERICAN LIBERTY GROUP LLC			Date of Public Distribution/Dissemination 04 / 02 / 2014	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227			Amount 494.86	
City WASHINGTON		State DC	Zip Code 20003	
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type	Transaction ID : SE.83280 Date of Disbursement or Obligation 05 / 15 / 2014	
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought		1501.77 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			706.72	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed] Date 10 / 15 / 2014		

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 129 OF 135
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NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE			FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee AMERICAN LIBERTY GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014		
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount 1597.51		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.83281	
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 15 / 2014	
Name of Federal Candidate KAY R HAGAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		7311.01	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee AMERICAN LIBERTY GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014		
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount 3481.15		
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.83282	
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 26 / 2014	
Name of Federal Candidate KAY R HAGAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought		11677.99	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		5078.66		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014		
		[Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE			FEC IDENTIFICATION NUMBER ▼ C C00457291		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee AMERICAN LIBERTY GROUP LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">04 / 02 / 2014</div>		
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">2063.35</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.83283
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">06 / 26 / 2014</div>	
Name of Federal Candidate JEFFREY A MERKLEY			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">6319.01</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee AMERICAN LIBERTY GROUP LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px;">04 / 02 / 2014</div>		
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px;">4295.23</div>		
City WASHINGTON		State DC	Zip Code 20003		Transaction ID : SE.83284
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px;">06 / 26 / 2014</div>	
Name of Federal Candidate MARK J WARNER			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px;">7799.56</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;">6358.58</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px;">10 / 15 / 2014</div>

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 385 AVERY LN		Amount 344.39	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.83288
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2014
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 757.65		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 385 AVERY LN		Amount 1416.27	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.83289
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2014
Name of Federal Candidate MARK L PRYOR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 3115.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		1760.66	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	

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NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 385 AVERY LN		Amount 2039.34	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.83290
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2014
Name of Federal Candidate MARK E UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 4689.06		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 385 AVERY LN		Amount 498.18	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.83291
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2014
Name of Federal Candidate MARK E UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought 8289.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		2537.52	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	

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NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 385 AVERY LN		Amount 2211.44	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.83292
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2014
Name of Federal Candidate MARY L LANDRIEU		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 7224.04		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 385 AVERY LN		Amount 2607.30	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.83293
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2014
Name of Federal Candidate AL FRANKEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought 8517.18		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		4818.74	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	

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NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE			FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 385 AVERY LN			Amount 498.12	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.83294	
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 24 / 2014	
Name of Federal Candidate JOHN E WALSH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought		1627.20	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 385 AVERY LN			Amount 662.54	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.83295	
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 06 / 24 / 2014	
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought		2164.31	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1160.66	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature SCOTT B MACKENZIE		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 10 / 15 / 2014

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NAME OF COMMITTEE (In Full) THE CONSERVATIVE STRIKEFORCE		FEC IDENTIFICATION NUMBER ▼ C C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 385 AVERY LN		Amount 1934.39	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.83296
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2014
Name of Federal Candidate JEFFREY A MERKLEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought 4255.66		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 02 / 2014	
Mailing Address 385 AVERY LN		Amount 588.03	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.83297
Purpose of Expenditure VOTER CONTACT CALLS		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 24 / 2014
Name of Federal Candidate KAY R HAGAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 8196.84		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		2522.42	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶		81084.50	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 10 / 15 / 2014	
		[Electronically Filed]	